

UNITED STATES DISTRICT COURT
FOR THE
DISTRICT OF GUAM

UNITED STATES OF AMERICA)	
Plaintiff,)	USDC CR Cs. No. 05-00053-06
)	
vs.)	REQUEST TO RELEASE
)	PRE-SENTENCE REPORT
BRIAN ELM,)	
Defendant.)	
_____)	

Re: Request to Release Pre-sentence Report

On October 24, 2007, the U.S. Probation Office received a letter from defendant's appellate attorney, which requested for a copy of the pre-sentence investigation report and any addendums for purpose of appeal of conviction. A copy of the attorney's letter and appointment in case is attached. The pre-sentence report and other material is protected from disclosure and may not be compelled except under circumstances, to include: if there exists explicit authority to disclose such information; if the court determines there is demonstrated compelling need for disclosure; and if the court, at its discretion, authorizes such disclosure. The pre-sentence report and addendum may be pertinent to the defendant's appeal and the authority to release materials is respectfully requested.

Respectfully submitted,

ROSSANNA VILLAGOMEZ-AGUON
Acting Chief U.S. Probation Officer

By



/s/ CHRISTOPHER J. DUENAS
U.S. Probation Officer Specialist

RICHARD D. ROME
Attorney At Law
7100 Hayvenhurst Avenue, Penthouse Suite C
Van Nuys, California 91406

RECEIVED
U.S. Probation Office
10/24/07
Districts of Guam
and NMI

(818) 994-8761

Fax (818) 994-1891

October 18, 2007

United States Probation Office
U.S. Courthouse, Second Floor
520 W. Soledad Avenue
Hagatna, Guam 96910

Attn: Rosanna Villagomez-Augon

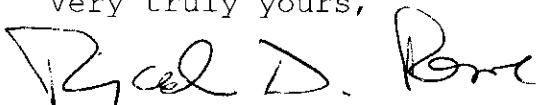
Re: United States v. Brian Elm
D.C. No. CR-05-00053-06-RBL
Appeal No. 06-10641

Dear Ms. Villagomez-Augon:

Our office has been appointed by the Ninth Circuit Court of Appeals to appeal the conviction of Mr. Brian Elm's criminal case. We are in need of the presentence report, a copy of which we have been unable to obtain. We were advised by the United States Attorney's Office to contact your office for a copy. We would be most appreciative if you could forward a copy and any addendums that may exist. I am enclosing a copy of the court order appointing us to the case.

Thank you in advance for your assistance in this regard. Please advise if you need further information.

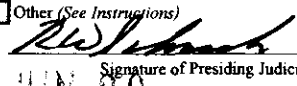
Very truly yours,



RICHARD D. ROME
Attorney at Law

RDR:djr
Enclosure

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT COUNSEL (5-99)

1. CIR/DIST./ DIV. CODE		2. PERSON REPRESENTED Brian William Elm		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CR 05-00053-06-RBL		5. APPEALS DKT./DEF. NUMBER CA 06-10641	
7. IN CASE/MATTER OF (Case Name) USA v. Elm		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee Other:	
10. REPRESENTATION TYPE (See Instructions)					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Richard D. Rome 7100 Hayvenhurst Ave., Suite C Van Nuys, CA 91406 Telephone Number: (818) 994-8761			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs for Retained Atty. <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judicial Officer or By Order of the Court Date of Order: 6/14/2007 Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW	
In Court	15. a. Arraignment and/or Plea						
	b. Bail and Detention Hearings						
	c. Motion Hearings						
	d. Trial						
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other (Specify on additional sheets)						
Out of Court	16. a. Interview and Conferences						
	b. Obtaining and reviewing records						
	c. Legal research and brief writing						
	d. Travel time						
	e. Investigative and other work (Specify on additional sheets)						
17. Travel Expenses (Lodging, parking, meals, mileage, etc.)							
18. Other Expenses (other than expert, transcripts, etc.)							
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION		
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____							
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE		28a. JUDGE/MAG. JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		32. OTHER EXPENSES	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount				DATE		34a. JUDGE CODE	
				33. TOTAL AMT. APPROVED			